FORM C-AC

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

TO TROPE	101 Executive Center Drive
RECEIVED	Columbia, SC 29210

Mailing address: Post Office Box 11649, Columbia, SC 29211)

JUN 0 1 2007

Office # (803) 896-5100

- Fax # (803)-896-5199

PSC SC CLASS CHARTER 2007-219-T DATE May 29 , 2007

### APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

I.	Name under which business is to be conducte	d (corporation partnership or sole
	proprietorship, with or without trade name.)	
	Λ/ -	

2.	(a) Street Address of Applicant 401 Century Fram C+
· · · · · · · · · · · · · · · · · · ·	Lexington Sc 29073
	(b) Mailing address, if different from street address
<del></del>	SAME

- 3. If incorporated, a copy of Articles of Incorporation must be attached.(If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
- (a) If a partnership, names and addresses of all persons having an interest in the 4. business. (b) If a corporation, names and addresses of two principal officers will be sufficient.
- **5**. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
- 6. The proposed list of equipment is as per Exhibit "D" included herewith.



	Balance at Time Application is Filed:  Month: MAy Year: 2007
Assets:	1
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	41,000
Machinery and Tools-Net	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	
10tal A33Ct3	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	38,000
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	3,900
Capital Stock	
Retained Earnings	
Total Equity	3000
	4000
Total Liabilities and Equity  8. Applicant is familiar with the provision of S.C. C.	42000
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Applicant is financially able to furnish the services as specified in this Application and submits the

7.

**BALANCE SHEET** 

following statement of assets and liabilities.

· MAY 2 9 2007

#### STATE OF SOUTH CAROLINA SECRETARY OF STATE

BECRETARY OF STATE OF SOUTH CARCLINA

AMENDED ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

#### TYPE OR PRINT CLEARLY IN BLACK INK

he L the	imited Liability Company amends its articles of organization in accordance with Section 33-44-204 1976 South Carolina Code of Laws, as amended.
	The name of the Limited Liability Company is Phelps Executive TRANSportation + Security LL
	The date the articles of organization were filed is 4-27-2007
	The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization.
	Pholos Executive TRANsportation wishes to drop the "+ security"
	Pholos Executive TRAnsportation wishes to drop the "+ security"  From the company Name (Pholos Executive Transportation Lic
	Please attach additional amendments if space is needed.
	Date 5-29-67 KD /K/2
	Lenneth Diteles Cure

#### **FILING INSTRUCTIONS**

- If management of the Limited Liability Company is vested in managers, a manager shall execute these amended articles
  of organization. If management of the Limited Liability Company is reserved to the members, a member shall execute
  these amended articles of organization. Specify whether a member or manager is executing these amended articles of
  organization.
- 2. File two copies of this form, the original and either a duplicate original or a conformed copy.
- 3. This form must be accompanied by the filling fee of \$110.00, payable to the Secretary of State.

Return to: Secretary of State PO Box 11350 Columbia SC 29211

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

070629-0243 FR.ED: 05/29/2007
PHELPS EXECUTIVE TRANSPORTATION LLC
Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

# The State of South Carolina



# Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PHELPS EXECUTIVE TRANSPORTATION & SECURITY, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 27th, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 27th day of April, 2007.

Mark Hammond, Secretary of State

**EXHIBIT C** 

CLASS C -

TAXI\_\_

CHARTER X

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Phelps Executive TRAnsportation, 12C
For the transportation of passengers as follows:
Area to be served: Columbia Levening for Richard , Arken William
I would like to service the entire state of South Canalina ADP
Number of passengers: 4
Fares: 85 = AiRport Pick-up/Drop off
Fares: 85 = Airport Pick-up/Drop off Hourly Service 85 = Per hour
Date 5-29-2007 Kenneth D. Melys
<u>Owner</u> Title

Rev.10/03

803-896-5199

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA DESCRIPTION OF EQUIPMENT

MODEL & YEAR MAKE VIN#		WEIGHT EMPTY	CARRYING CAPACITY *
2007 GMG Yukon X 16	KFC160x7R37769	99 4000	5
leats if passenger carrier.			
	Phelps Exec (Applicant)	utive TRAN	sportation, L
te: 5.29-2007	Kenneth D	Phelps	
	(Applicant's Represe	entati√e)	
	(Title)		

### **INSURANCE QUOTE**

The following insurance quote is for:
Phelps Executive TRAnsportation LLC (Name of Motor Carrier)
Phelps Executive Transportation LLC (Name of Motor Carrier)  401 Century Farm Ct Lexington SC 29073 (Address of Motor Carrier)
Amount of Premium:
Liability Insurance \$500,000
The above quoted premium is for a term of 12 months.
Minimum Limits - Intrastate Only:
1 - 7 passengers - 25,000/50,000/25,000 8 - 15 passengers - 25,000/100,000/25,000
Emperior Fire + MARINE (Insurance Company Name)
(Insurance Company Name)
(Home Office Address of Company)
is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
Date  Authorized Insurance Company Representative)
Date (Authorized Inc.)

Rev 5/07

### EXHIBIT FWA

	me: Phelps Executive TRANSPORTAtion LLC
Ado	dress: 401 Centupy FARM Ct. Lexington SC 29073
Tele	ephone No. 803-957-9243 Fax No.
	.D.O.T. No. N/A ICC No. N/A
1.	Does Applicant have a Safety Rating from the U.S.D.O.T.?
	Yes No Pending (Submit when received) (If "yes", indicate rating and provide copy)  Satisfactory Conditional
2.	Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?
	YesNoX
3.	Are there currently any outstanding judgment (s) against Applicant?
	YesNoX(If "yes", indicate nature of judgment(s).
4.	Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?  Yes
5.	Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
	Yes No (The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)
	(Applicant's Signature)
	Sworn to before me
At L	exington Central Court
This	20-
Commi	(Notary Rublid) ission Expires: 12-15.2015